
OLR Bill Analysis

SB 98 (File 18, as amended by Senate "A")*

AN ACT CONCERNING DEDUCTIBLES AND GUIDELINES FOR COLONOSCOPIES.

SUMMARY:

This bill bars insurers from charging a deductible for procedures a physician initially undertakes as a colorectal cancer screening colonoscopy or sigmoidoscopy. (A colonoscopy covers the entire lower intestine; a sigmoidoscopy extends only to the lower colon.) Some insurers currently charge a deductible when these screening procedures discover a polyp, which is removed at the same time.

The affected individual and group health insurance policies are those issued, amended, renewed, or continued that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan. Due to the federal Employee Retirement and Income Security Act (ERISA), state health insurance mandates do not apply to self-insured benefit plans.

*Senate Amendment "A" (1) deletes a provision that changed which professional organizations establish the recommendations for insurance coverage of colonoscopies, sigmoidoscopies, and radiological imaging and (2) makes a technical change.

EFFECTIVE DATE: January 1, 2013

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 15 Nay 5 (02/28/2012)

Appropriations Committee

Joint Favorable

Yea 25 Nay 17 (04/13/2012)